



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

COMMUNITY FIRST CHOICE Policy Manual

**Section: CFC/PAS Person Centered
Planning**

**Subject: Personal Emergency Response
System**

DEFINITION:

The personal emergency response system (PERS) is an electronic, telephonic or mechanical system used to summon assistance in an emergency situation. The system alerts medical professionals, support staff or other designated individuals to respond to a member's emergency request.

SERVICE REQUIREMENT:

Providers of PERS must be enrolled as a Medicaid provider.

SERVICE LIMITATIONS

Reimbursement is not available for the purchase, installation or routine monthly charges of a telephone or cell phone under this service. Reimbursement is not available for the purchase of a PERS unit.

PERS is only available as a service option for members receiving Community First Choice (CFC) services. PERS is not a service option for members receiving Personal Assistance Services (PAS).

SERVICE AUTHORIZATION

In order for a member to receive CFC PERS the member must have PERS authorized on the Mountain Pacific Quality Health (MPQH) service profile. In addition, the member's Plan Facilitator must complete the CFC PERs prior authorization process.

Big Sky and Serious Disabling Mental Illness (SDMI) Case Managers are responsible for completing prior authorization activities for PERS as Plan Facilitators for their CFC members and generate prior authorization number through Xerox.

Developmental Disability (DD) Case managers and CFC Provider Plan Facilitators will manage the prior authorization process for their members and submit the prior authorization documentation to MPQH to generate a prior authorization number.

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PRIOR AUTHORIZATION PROCEDURE

BIG SKY AND SDMI CASE MANAGERS

Prior authorization for CFC PERS must be submitted to Xerox and a referral submitted to the PERS provider by the Case Manager Plan Facilitator. Refer to the Xerox prior authorization manual for instructions to create, change or deny prior authorizations. Refer to section 930 (b) of the CFC/PAS Policy manual for a sample referral form. Questions about prior authorization should be directed to Xerox Provider Relations at 1-800-624-3958.

A PERS referral should be submitted upon completion of the Member's CFC Person Centered Planning (PCP) form. If a member was previously receiving PERS through the HCBS program, the case manager must end date the waiver prior authorization and create a new prior authorization for CFC PERS including a new prior authorization number and updated date span. The case manager must submit a new referral to the PERS provider documenting the change from waiver to CFC.

Prior authorization for PERS must be renewed every 365 days. After completion of the CFC annual PCP form, the Case Manager Plan Facilitator must submit an updated prior authorization to Xerox and referral for PERS.

The PERS reimbursement should be removed from the waiver cost sheet once the CFC PERS prior authorization is completed to avoid duplication of service.

CFC PERS should be reflected in the member's waiver service plan under the Other Services and Informal Support Systems section.

CFC PROVIDERS AND DD CASE MANAGERS:

The following steps are required for CFC Providers and DD Case Managers:

1. Complete PCP form and provide choice of PERS providers.
2. Complete the PERS Prior Authorization Request and fax to MPQH. Refer to AB-CFC/PAS 930 and SD-CFC/PAS 930 for form instructions.

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3. MPQH enters the prior authorization and returns the prior authorization number to the Plan Facilitator.
4. Plan Facilitator completes the CFC PERS Provider Referral Form which they mail or Fax to the PERS provider chosen by the member. Refer to AB-CFC/PAS 930 and SD-CFC/PAS 930 for form instructions.
5. The PERS provider bills the service through Xerox using the prior authorization number provided on the CFC PERS Provider Referral Form.
6. A new prior authorization must be completed anytime the member chooses to change PERS providers.
7. Prior authorization must be renewed every 365 days. CFC Providers and DD Case Managers must submit an updated request to MPQH after the completion of the CFC annual person centered plan.
8. MPQH will return the renewed prior authorization to the Plan Facilitator who will notify the chosen PERS provider. The CFC PERS provider will bill Medicaid for the appropriate reimbursement.
9. CFC providers agencies must notify MPQH via the CFC/PAS Discharge form (SLTC-240) if the member is discharged from CFC so the prior authorization to Xerox can be end dated.

PROCEDURE CODES AND BILLING

Current **maximum** allowable PERS rates are listed in the fee schedules on the Montana Medicaid Provider Information website. Plan Facilitators should align SD-CFC/PAS PERS rates with current Waiver PERS rates.

S5160	PERS-Installation & Testing	\$100.00*
S5160 U9*	PERS-Installation & Testing	\$100.00*
S5161	PERS-Rental	\$ 69.00*
S5161 U9*	PERS-Rental	\$ 69.00*

*U9 modifier signifies a self-directed service.

*Listed rates are FY2015 PERS rates. Please refer to the Montana Medicaid Provider Information website for current rates.